

S/N 09/663,483

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abraham R. Matthews et al.

Examiner: Benjamin Bruckhart

Serial No.: 09/663,483

Group Art Unit: 2155

Filed: September 13, 2000

Docket: 1384.006US1

Title: SWITCH MANAGEMENT SYSTEM AND METHOD

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REQUEST FOR REFUND UNDER 37 C.F.R. § 1.26

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Applicant filed a Petition for a Five-Month Extension of Time on March 8, 2006 along with authorization to charge Deposit Account No. 19-0743 in the amount of \$2160.00. The Extension of Time was not required under MPEP 711.03(c) II A. Applicant respectfully requests that a refund for the Extension of Time in the amount of \$2160.00, be credited back to Deposit Account No. 19-0743.

Please direct this communication to the Refund Section, Accounting Division, Office of Finance.

Respectfully submitted,

ABRAHAM R. MATTHEWS ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
P.O. Box 2938  
Minneapolis, MN 55402  
(612) 373-6909

Date April 26, 2006

By

Thomas F. Brennan

Thomas F. Brennan  
Reg. No. 35,075

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 26 day of April, 2006.

JACLYN SIEBEN  
Name

GREGORY J. SIEBEN  
Signature

Adjustment date: 06/23/2006 CKHLOK  
03/14/2006 CNGUYEN 00000063 190743 09663483  
02 FC:1255 2160.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

<b>REQUEST FOR PATENT FEE REFUND</b>				
1 Date of Request: <u>06/20/06</u>		2 Serial/Patent # <u>09/663,483</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	IFW	03/13/06	\$ 2,160.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 2,160.00	
8 TO BE REFUNDED BY:				
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">9 1 9 -- 0 7 4 3</span>		
	Overpayment	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
	Duplicate Payment	<input checked="" type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">9 1 9 -- 0 7 4 3</span>		
X	No Fee Due (Explanation):  No Extensions of time available.			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>Derek Woods</u>		PHONE: <u>2-3232</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>CKW</u>		DATE: <u>6/23/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B